

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**91809664**  
APPLICANT(S)

FILING DATE

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						
2						
3						
4						
5						
6						
7	X	X				
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22						
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25						
26						
27						
28	X	X				
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50						
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	38					

  

CLAIMS					
*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

# CLAIMS ONLY

SERIAL NO.

09 809664

FILING DATE

03/15/01

APPLICANT(S)

CLAIMS						
AS FILED		A AFTER 1st AMENDMENT		B AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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27						
28				X	X	
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50						
TOTAL IND.	12	12	2			
TOTAL DEP.	38	69	36			
TOTAL CLAIMS	50	81	38			

  

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS						
AS FILED		A AFTER 1st AMENDMENT		B AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						